



Participant's Name : _____ (one child per form)

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Northampton Recreation Department – Summer Camp Enrollment Fee Form

Non-Residents add \$10 to the fee – each participant, per session registered. Max of \$50 per household.

CURRENT IMMUNIZATIONS AND PHYSICAL
RECORDS MUST ACCOMPANY THIS FORM, AS
REQUIRED BY THE STATE OF MASSACHUSETTS.

**NO PROGRAM ON:
FRIDAY, JULY 4TH, 2014**

Please Circle:

Resident Non-Resident

SAFETY VILLAGE (Non residents add \$10 per session)

1	6/30 - 7/11	_____ \$117 (no program 7/4)
2	7/14– 7/25	_____ \$130
3	7/28 – 8/8	_____ \$130

CAMP KIDZONE – (Non residents add \$10 per session)

1	6/30 – 7/3	_____ \$112	Extended Day _____ \$16 (no program 7/4)
2	7/7 – 7/11	_____ \$140	Extended Day _____ \$20
3	7/14 – 7/18	_____ \$140	Extended Day _____ \$20
4	7/21 – 7/25	_____ \$140	Extended Day _____ \$20
5	7/28 – 8/1	_____ \$140	Extended Day _____ \$20
6	8/4 – 8/8	_____ \$140	Extended Day _____ \$20
7	8/11 – 8/15	_____ \$140	Extended Day _____ \$20

TEEN EXPEDITIONS (Non residents add \$10 per session)

1	6/30 – 7/3	_____ \$136 (no program 7/4)
2	7/7 – 7/11	_____ \$170
3	7/14 – 7/18	_____ \$170
4	7/21 – 7/25	_____ \$170
5	7/28 – 8/1	_____ \$170
6	8/4 – 8/8	_____ \$170
7	8/11 – 8/15	_____ \$170

CAMP HAMP (Non residents add \$10 per session)

1	6/30 – 7/3	_____ \$128	Extended Day _____ \$16 (no program 7/4)
2	7/7 – 7/11	_____ \$160	Extended Day _____ \$20
3	7/14 – 7/18	_____ \$160	Extended Day _____ \$20
4	7/21 – 7/25	_____ \$160	Extended Day _____ \$20
5	7/28 – 8/1	_____ \$160	Extended Day _____ \$20
6	8/4 – 8/8	_____ \$160	Extended Day _____ \$20
7	8/11 – 8/15	_____ \$160	Extended Day _____ \$20

Look Park Passes are only needed for Camp KidZone and Camp Hamp.

Summer Program Pass: A discounted \$20 Look Park/Northampton Recreation *Camp KidZone & Camp Hamp ONLY* Pass will be available at Recreation Department only. These passes will be good for entrance into Look Park from 7:45am – 5:15pm, Monday – Friday while you are registered for the program. The pass must be in vehicle and shown to ranger upon entering the park. Regular Look Park season passes are available for \$42 for residents and \$50 for non-residents with discounts for second pass. For details visit lookpark.org.

Program Total: _____

Non-Resident Fee Total: _____

Grand Total: _____



Northampton Recreation - Summer Day Camp Registration Form

Participants Information – ONLY ONE PARTICIPANT PER FORM

Name: _____ Age: _____ Date of Birth: _____

Sex (circle) M F Grade entering **Fall 2014**: _____ School currently attending : _____

Special Health Conditions: _____

Parent/Guardian 1 Information

Name: _____ Home Phone: _____ Work Phone: _____

Street Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Parent/Guardian 2 Information

Name: _____ Home Phone: _____ Work Phone: _____

Street Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Emergency Contact (Other than parent, we always try to contact the parent first)

Name: _____ Phone Number(s): _____

Name: _____ Phone Number(s): _____

TRANSPORTATION

In addition to the parents/guardians my child will be dropped off and picked up by the following AUTHORIZED individuals.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

This forms acts as permission for your child to arrive/depart from the program by the individuals listed above.

BIKE OR WALK

If you wish for your child to arrive or depart by walking or riding a bike, please indicate below. Please provide an explanation and identify the alternate form of transportation and the route the child will take. _____

PHOTOGRAPHS

May Northampton Recreation use photos of you or your family members for brochure, website, and promotional use? _____ yes _____ no



PAYMENT/ CHANGE IN REGISTRATION /REFUND POLICY

- ALL REGISTRATIONS MUST INCLUDE THIS PACKET (ALL FOUR PAGES),
CURRENT IMMUNIZATION AND PHYSICAL RECORDS.**

PARENT/GUARDIAN SIGNATURE: _____

Total Amount Due : (see page 1 for sessions & fees)

Charge my: ☐ VISA ☐ Mastercard ☐ Discover ☐

Card # : _____ **Expiration Date** _____

Name on Card : _____ **Signature:** _____

FOR OFFICE USE ONLY

Document Checklist

[illegible]



Participant's Full Name: _____

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PARENTAL CONSENT FORM

I/we _____ have read the parent information packet regarding the 2014 Summer Recreation Program sponsored by the Northampton Recreation Department. I/we hereby grant permission to my son/daughter _____ to participate in the _____ program and all activities and/or trips associated with the program. My son/daughter is fully aware of the conditions and responsibilities placed upon them by participating. I/we hereby waive and release the City of Northampton, Recreation Department staff, its sponsors and or/designees from responsibility of injury(s) relating to this program.

Parent/Guardian Signature

Date

EMERGENCY MEDICAL RELEASE FORM

In the event that I/we cannot be reached in case of an emergency, I/we authorize any and all medical and/or surgical treatments, which are deemed advisable by emergency physicians and or surgeons for my child _____ (print child's name). I/we also recognize that the patient when admitted is to remain in hospital care until his or her physician recommends the patient's discharge.

In the event of an injury requiring medical attention, ambulance transportation will be used at the expense of the injured participant's family unless parents can be reached and alternate transportation arranged. Northampton Recreation staff and/or rented buses will NOT transport an injured child.

I/we have read and understand the above.

Print Name _____ Signature: _____ Date _____

Emergency Phone Number _____ Name _____

Insurance Company _____ # _____

The Recreation Department policies for health care, discipline and others are available for review. If you would like a copy please call us and we would be happy to send you your request.

